

THE HARRISBURG AUTHORITY

APPLICATION FOR HYDRANT USE

PERMIT REQUIRED:

_____ SHORT-TERM (10 DAY, SINGLE HYDRANT)
_____ LONG-TERM (30 DAY, MULTIPLE HYDRANT)
_____ GOVERNMENTAL (ANNUAL)

APPLICANT NAME:

APPLICANT

ADDRESS:

APPLICANT

TELEPHONE:

RESPONSIBLE

PARTY:

DATE SERVICE

REQUIRED:

INTENDED USE:

SIZE OF REQUIRED

CONNECTION:

DESIRED LOCATIONS:

FEES FOR THE PERMIT WILL BE AS SET FORTH IN THE AUTHORITY'S RATE SCHEDULE.

DATE

SIGNATURE OF APPLICANT

WATER BUREAU USE ONLY

APPROVAL: _____

DATE CONNECTION INSTALLED: _____ METER READING _____

DATE CONNECTION REMOVED: _____ METER READING _____

HYDRANT MAINTENANCE PERFORMED: _____

PLEASE COMPLETE AND RETURN TO:

DR. ROBERT E. YOUNG WATER SERVICES CENTER
100 PINE DRIVE
HARRISBURG, PA 17103
717-238-8725